DEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09963577

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
			(Column 1	1)	(Column 2)		T	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS							RATE	FEE		RATE	FEE	
FO	R		NUMBER F	LED	NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00
то	TAL CHARGEA	BLE CLAIMS) minu	ıs 20=	•		Į	X\$ 9=		OR	X\$18=	
	EPENDENT CL			us 3 =				X40=		OR	X80=	
MU	LTIPLE DEPENI	DENT CLAIM PF	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in c					r "0" in c	olumn 2	•	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY OR			OTHER THAN SMALL ENTITY			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 9	Minus	** 3	س	=		X\$ 9=		OR	X\$18=	
AME	Independent	*)	Minus	***	<u>ر</u>	= /		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	JETIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
	/)						,	TOTAL ADDIT. FEE		OR	TOTAL' ADDIT. FEE	
	9	(Column 1)		(Colu	mn 2)	(Column 3)	•	10011.1 CE	100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ПВ		CLAIMS REMAINING AFTER	.00	HIGI NUM	HEST MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT		AMENDMENT			FOR	/	 		FEF /		V040	FEE /
	Total	1	Minus Minus	***	U	= /		X\$ 9=		OR	X\$18=	
AM	Independent + ; Minus +** FIRST PRESENTATION OF MULTIPLE DEPENDEN			7 T CLAIM	- //- 		X40=		OR	X80=		
	TINOTTHEOL	TANOT OF I	JE				1	+135=		OR	+270=	
	<u> </u>	,					-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C	, , , , , , , , , , , , , , , , , , ,	CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE,		RATE	ADDI- TIONAL FEE
N Q	Total	* 7	Minus	** ;	دی	=		X\$ 9=		OR	X\$18=	
ME	Independent	* }	Minus	***	3	=		X40=		OR	X80=	/
الـُ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		1	+135=			+270=	/
	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2. wri	te "0" in co	lumn 3.	l	+135=		OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \ ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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Effective October 1, 2000

Application or	Docket	Numbe
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	0 119 W 5 1 7												
		CLAIMS AS	S FILED - (Column			ımn 2)		MALL EN	NTITY	OR	OTHER SMALL		
TC	TOTAL CLAIMS						Γ	RATE	FEE	1	RATE	FEE	
FC	PR		NUMBER	FILED	NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
тс	TAL CHARGEA	BLE CLAIMS	minus 20=		•			X\$ 9=		OR	X\$18=		
INC	EPENDENT CL	AIMS	mi	nus 3 =	*			X40=		OR	X80=		
MU	ILTIPLE DEPEN	DENT CLAIM PI	RESENT	VT 🔲				+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L,	TOTAL		OR	TOTAL		
-		LAIMS AS A	MENDED - PART II (Column 2) (Column 3)					SMALL ENTITY O			OTHER THAN		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE,		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 8	Minus	2	0	=		X\$ 9=		OR	X\$18=	. /	
AME	Independent	NTATION OF MU	Minus	***	S CLAIM	= /		X40=		OR	X80=		
┞	TINOTTRESE	IVIATION OF IM	OLIII EE DEI	LINDLIN				+135=		OR	+270=		
							AE	TOTAL DIT. FEE	1	OR	TOTAL ADDIT. FEE	/	
		(Column 1)		(Colu		(Column 3)	•						
AMENDMENT.B	6	CLAIMS REMAINING AFTER AMENDMENT	424	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total		Mihus M	ساس		= '		X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF MU	Minus	***	CL AIM	=		X40=		OR	X80=		
-	FIRST PRESE	NTATION OF INC	JLTIPLE DEF	ENUCIAL	CLAIIVI		' [+135=		OR	+270=		
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	T CLAIM		╵├╴	105			070		
	if the entry in colu	mn 1 is less than th	he entry in colu	ımn 2. write	e "0" in co	olumn 3.	L	+135=		OR	+270=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												